

# THE SHERMAN PROTOCOL

## 9-1-1 POLICY

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Medical Sheltering Site Policy

911 Policy



<b>Policy Title:</b>	911 Policy
<b>Issue Date:</b>	May 7, 2020
<b>Last Revision Date:</b>	May 7, 2020
<b>Policy Overview:</b>	This policy outlines the procedure for conducting daily 911 huddles, when to call 911, and the 911 response workflow.



### Policy:

Goal: To create a standardized protocol which minimizes risk of viral transmission to workforce and community and optimizes conditions for safer pre-hospital care transition in patients with confirmed or suspect COVID-19 infections.

### **911 Huddles:**

All sites should conduct daily “911 Huddles” to review team dynamics and safety policies when responding to patient decompensation.

- Each shift, “911 Huddle” team lead should ensure that the “Resuscitation Bag” is properly stocked to include:
  1. Bag Valve Masks (with HEPA filter if available)
  2. Extra PPE, including surgical masks, gloves, disposable gowns, N95 respirators, and face shields

### **Call 911 if patients are experiencing:**

- Shortness of breath with labored breathing (RR > 22) OR respirations less than 10 or with O2 Saturation 94% or lower (if no prior history of chronic lung disease)
- Acute chest pain concerning for acute coronary syndrome
- Acute GI bleeding
- Acute mental status change concerning for acute cardiac, neuro, or metabolic crisis
- Suspect Opioid or other substance use overdose (sudden decrease respiratory rate.) Administer Naloxone (Narcan) for opioid overdose reversal. Use injectable naloxone/Narcan preferred to avoid aerosolization.
- Hemodynamically unstable (I.e. Abnormal vitals with symptoms SBP < 90, HR > 120)

- Acute psychiatric symptoms placing patient or staff in imminent danger without successful de-escalation attempts
- Labor in pregnant patient
- Respiratory or cardiac arrest
- Seizure. Administer Ativan 2 mg IM x 1 if seizure > 5 mins in duration or repeat seizure with complete recovery from first seizure.
- Focal weakness or signs of stroke
- Other emergency symptoms that cannot be managed on site

### **911 Response workflow:**

Notify 911 dispatcher

#### Responders to decompensating patients without acute airway decompensation or cardiac arrest:

All staff involved in resuscitation must don full respiratory droplet and contact precautions, including gloves, gown, face shield and/or protective eyewear, and N-95 respirator, prior to entering room and responding to patient decompensation.

- Call 911 and optimize care area for workforce and community safety (assign staff to direct EMS to the patient)
- Obtain full set of vitals (if able)
- If O2 saturation is low:
  - If oxygen is available, apply standard nasal cannula up to 6L and assess for improvement. Ensure cannula prongs are correctly placed and mouth closed. Place a surgical mask over the nasal cannula.
  - If patient is in severe respiratory distress and has no improvement with nasal cannula, start non-rebreather at 15 L per minute. Place a surgical mask over the non-rebreather.
  - If oxygen is not available, place surgical mask on patient.
- Notify guard of pending ambulance and give Hotel Room Number.
- Notify provider on call and give Hotel Room Number.
- Estimated arrival time of ambulance to Hotel is 6 - 9 minutes

Note: When possible, discuss or confirm code status, goals of care, emergency contact information for surrogate decision maker.

#### Responders to patients with acute airway decompensation and/or cardiopulmonary arrest during the COVID pandemic:

All staff involved in resuscitation must don full airborne, droplet, and contact precautions, including gloves, gown, face shield and/or protective eyewear, and N-95 respirator, prior to entering room and responding to resuscitation. All clinical staff should be trained on appropriately donning and doffing PPE during a resuscitation and should review contents of resuscitation bag (including PPE stock) at the beginning of each shift.

- Confirm patient's admission resuscitation status, and display DNR and/or DNI status (if applicable) at door of patient's room.

- Follow standard BLS protocols.

Consider modifications to standard BLS protocols to reduce risk of aerosolization of COVID-19, including:

- Place a nasal cannula in patient's nares and surgical mask over patient's face prior to initiation of chest compressions (per passive insufflation protocol).
- Use bag valve mask device with HEPA filter (if available).
- Consider draping plastic sheet over patient during code to minimize risk of transmission (see RebelEM protocol).

Designate a Safety Officer at each resuscitation to ensure that:

- Proper PPE is donned upon entering resuscitation area prior to care of patient
- Minimize the number of people within room, or if not in room maintain distance at least of 6-foot area around resuscitation
- Monitor proper donning and doffing of PPE and ensure adequate PPE supplies.
- Assign roles as needed on interdisciplinary team.
- Dispose of all PPE and supplies used in resuscitation in red biohazard containers.

Following resuscitations that have high risk of airborne transmission notify Infection Control for guidance about appropriate decontamination of site/area. For appropriate decontamination, close door of hotel room for 3 hours to allow for appropriate ventilation.

Guidance for safer care escalation and resuscitation at Medical Quarantine Sites are consistent with DPH Expected Practices.

### **Principles:**

1. The highest risk of viral transmission occurs with aerosolization, either by the patient directly (e.g., coughing, gagging, vomiting) or via a procedure (e.g., use of nebulizer, high flow O<sub>2</sub>, BiPAP) [1]
2. Providers at highest risk are those who are knowingly or unknowingly in proximity to an aerosolization event.
3. The total length of time of aerosolization is directly associated with increased risk of particle dispersion and transmission to others.
4. The lowest number of individuals should be present for a procedure that will increase aerosolization, and those present should employ strict airborne precautions
5. Optimal oxygenation and ventilation are directly associated with safe patient outcomes.
6. When initiating and continuing resuscitation, always consider risk of harm to staff with aerosolization of COVID-19 and likelihood of benefit to continuing resuscitation (i.e. ROSC).

References:

[1] "Treat and Refer Ill Patients during the COVID-19 Outbreak." EMT/Paramedic Reference No. 834.1. [http://file.lacounty.gov/SDSInter/dhs/1069965\\_834.1-Covid19.pdf](http://file.lacounty.gov/SDSInter/dhs/1069965_834.1-Covid19.pdf) 2. RebelEM "COVID19 Protected Code Blue" <https://rebelem.com/covid-19-protected-code-blue/>